

**SPECIAL NEEDS HOUSING PROGRAM
MHSA FUND RELEASE AND TRANSFER AUTHORIZATION**

Local Mental Health Director (LMHD):

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

City/County: _____

I hereby request that the California Housing Finance Agency (CalHFA) release and transfer Mental Health Services Fund moneys dedicated to the Special Needs Housing Program (MHSA Funds).

Utilizing the MHSA Funds available for release, transfer the percent of MHSA funds indicated below, to the respective MHSA Housing Program or Special Needs Housing Program Project Capitalized Operating Subsidy Reserves (COSR).

<u>Project Name</u>	<u>Percent of Available MHSA Funds</u>
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %

Signature of LMHD

Date